PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/573517

| - | | | | | | يحمد المحمد المحمد الم | | | | | | |
|--|--|---|--|--------------------------------|---------------------|-----------------------------------|------------|---------------------|---------------------------|-----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENT | TTY | OR | OTHER SMALL E | |
| | , NATIONAL 8 | TARE FEES | Contain | | 7 | रभागका हो | 9 | DATE | - | | | |
| - | | INOE FEED | | | ···· | | | RATE | FEE | | RATE | FEE |
| BA | IC FEE | · | SMALL ENT. | | E ENT. = 8 800 | | BASIC FEE | | OR | BASIC FEE | 300 | |
| EDO | MENATION FE | E : | Satisfies POT A: (4) = , 8.60 | /8100 . | | er eltustions = . 100 / \$ 200 | | EXAM. FEE | | | EXAM FEE | 200 |
| 8E) | rch fee | | U.S. is ISA = \$50/8 (00) ALL other counties = \$ 200 / \$ 400. | | | er sikadons = 250 / \$ 600 | • | SEARCH FEE | | | SEARCH FEE | 410 |
| FEE | FOR EXTRA 8 | PEC. PGS. | minus 100 = | | | /50 = · . | | X\$ 125 = . | | | X \$ 250 = | |
| to | AL CHARGEAE | LE CLAIMS | 48 mlt | 105 20 = | . 28 | | | X \$ 25 = | | OR | X\$-50= | 1400 |
| IND | PENDENT OL | ARMS | 1 | inus 3 = | | | | X \$ 100 = | : | OR | X \$ 200 = | |
| MUI | TIPLE DEPEN | DENT CLAIM PRI | esent | _ | - D. | | + \$ 180 = | | OR | +\$ 380 = | · | |
| • 11 | the difference | in column 1 is i | esa lhan zero | In co | umn 2 | | TOTAL | | OR | TOTAL | 2300 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) (Column 3) | | | | | | | | SMALL E | | OR | OTHER SMALL E | |
| AMERICANA | 3/24/06 | CLAMB REMAINING AFTER AMENDMENT | | PREVIC PAID | BER OUSLY | PREBENT EXTRA | · | RATE | ADDI- TIONAL . FEE. | | RATE | ADDI- TIONAL FEE |
| | Total | • 48 | Minus | * 4 | 5 | - | | X\$25 | | OR | X\$58= | |
| | independent | • 3 | Minus . | 44.3 | | - | | X \$ 100 = | | OR: | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ÷ 180 = | | OR | + \$ 880 = | |
| | | | | | YOTAL ADDIT. FEE | · | OR | TOTAL ADOIT. FEB | * | | | |
| | | (Column 1) | | (Coha | _ | (Column 3) | | | · | | | |
| ASCENDATE OF | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH HUMA PREVIO PAID | BER DUSLY | PRÉSENT EXTRA | | RATE | ADDI- TIONAL: FEE | | PATE | ADDI- TIONAL FEE |
| | Total . | • | Minus | * | . • | . | Í | X\$25= | , | OR | X \$ 60 = | |
| | Independent | • | Minua . | 000 | | | | X \$ 100 = | | OR | X \$ 200 = | |
| • | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ŀ | +*\$ 180 = | | OR | | |
| | | | | | | | • | TOTAL ADOIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Rightest Humber Proviously Paid For" IN 11-118, SPACE to less than 20", onler "20". | | | | | | | | | | | | |